

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155187</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/25/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3175 LANCER STREET</b> <b>PORTAGE, IN 46368</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/17/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/25/11</p> <p>Facility Number: 000098 Provider Number: 155187 IM Number: 100290980</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this PSR survey, Golden Loving Center-Fountainview Place was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies for building 0202 and Chapter 19, Existing Health Care Occupancies for building 0102, and 410 IAC 16.2.</p> <p>This facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March 1, 2003 determined to be of Type V (111) construction and fully sprinklered was surveyed in accordance with LSC Chapter 19. Building 0202 built in 2005 determined to be of Type V (111) construction was fully sprinklered and consisted of 14 additional rooms in a south wing which is referred to as E wing, was surveyed in accordance with LSC Chapter 18. The facility has a fire alarm system with smoke detection in</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 the corridors and spaces open to the corridors. The facility has a capacity of 186 and had a census of 177 at the time of this survey.  Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/27/11.	{K 000}			